

FROM :Walter Beavers

FAX NO. :3362752009

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Approved for:  
U.S. Patent and Trademark Office

Application Number	10/67
Filing Date	02 Oc
First Named Inventor	Cheryl
Title	Multicou
Art Unit	3714
Examiner Name	Joshua
Attorney Docket Number	01671.

PTO/88/01 (01-08)  
rough 12/31/2008, OMB 0851-0008  
U.S. DEPARTMENT OF COMMERCE  
Patents and Trademarks Administration  
A valid OMB control number:  
20

er 2003  
Perkins, et al.  
al Educational Kit  
Crabtree

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration
Walter L. Beavers	26,704
Dean M. Turman	50,322

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Patent Law Offices of Walter L. Beavers

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Country USA

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.74.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08)

SIGNATURE of Applicant or Assignee of Record

Signature *Cheryl E. Perkins* Date

Name Cheryl E. Perkins Title

Title and Company

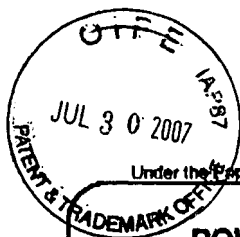
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. But signature is required, see below.

☒ \*Total of 2 forms are submitted.

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PTO/SB/81 (01-08)

Approved for use through 12/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/676,120
Filing Date	02 October 2003
First Named Inventor	Cheryl E. Perkins, et al.
Title	Multicultural Educational Kit
Art Unit	3714
Examiner Name	Joshua D. Crabtree
Attorney Docket Number	01671-01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☒ Practitioner(s) named below:

Name	Registration Number
Walter L. Beavers	26,704
Dean M. Turman	50,322

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<input checked="" type="checkbox"/> Firm or Individual Name	Patent Law Offices of Walter L. Beavers		
Address	326 South Eugene Street		
City	Greensboro	State NC	Zip 27401
Country	USA		
Telephone	336-275-7601	Email	wbeavers@bellsouth.net

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Barbara J. Evans</i>	Date	7-24-07
Name	Barbara J. Evans	Telephone	901-753-9516
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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